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** CONTINUING DATA *****
 E.Y

** FOREIGN APPLICATIONS *****
 E.Y

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NY	4	56	4
Examiner's Signature <i>E.Y</i>	Initials <i>E.Y</i>			

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TITLE

Intracavity opo laser

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)
752	No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)

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